Entered - 04/23/01 - sb CL 01L0252 - GWENDOLYN BURNS

CLAIM OF: RODRICK KELLOGG and PRISCILLA LYNN SMITH 400 Fairburn Road, #H-66 Atlanta, Georgia 30331

01-R -0794

For damages alleged to have been sustained as a result of a vehicular accident on January 4, 2001 at Bromack Drive and Browns Mill Road.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to RODRICK KELLOGG and PRISCILLA LYNN SMITH the sum of \$1,881.97 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on January 4, 2001 at Bromack Drive and Browns Mill Road as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. 01L0252 Date: May 16, 2001   |
|--|
|  |
| Claimant /Victim RODRICK KELLOGG and PRISCILLA L. SMITH  |
| BY: (Atty) (Ins. Co.)  |
| Address: 400 Fairburn Road, SW #H-66, Atlanta, Georgia 30331   |
| Subrogation: Claim for Property damage \$\( \frac{2}{106.37} \) Bodily Injury \$\( \frac{1}{200.0000} \) Date of Notice: 4/13/01   |
| Date of Notice: 4/13/01 Method: Written, Proper X Improper   |
| Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X   |
| Conforms to Notice: O.C.G.A. §36-33-5  Date of Occurrence 1/4/01  Department PUBLIC WORKS  Division SANITATION  Employee involved Department Place: Witten, Floper X  Ante Litem (6 Mo.) X  Place: Bromack Drive & Browns Mill Road  Division SANITATION   |
| Employee involved <u>Donald E. Daniel</u> Disciplinary Action: <u>Written counseling &amp; defensive driving class</u>   |
| 2 to the country of t |
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| NATURE OF CLARA COLORS   |
| NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a city sanitation vehicle.   |
| The city driver was cited for "improper backing".  |
|  |
| INVESTIGATION:   |
|  |
| Statements: City employee Claimant Others Written Oral   |
| Pictures Diagrams Reports: Police X Dept Report X Other  |
| Traffic citations issued: City Driver Claimant  |
| Claimant Differ  |
| BASIS OF RECOMMENDATION:   |
|  |
| Function: Governmental X Ministerial Improper Notice More than Six Months Other Damages reasonable X City not involved.  |
| City not involved  |
| City not involved Offer rejected Compromise settlement X  Repair/replacement by Ins. Co Repair/replacement by City Forces Claimant Negligent City Negligent X  Joint Claim Abandoned   |
| Claimant Negligent City Negligent X Joint Claim Abandoned  |
| ,  |
| Respectfully submitted,  |
|  |
| $\mathcal{A}_{1}$  |
| Auendely Jam   |
| INVESTIGATOR - GWENDOLYN BURNS   |
| <b>₹</b>   |
| RECOMMENDATION:  |
| Pay \$   |
| Pay \$1,881.97   |
| Committee Action:Concur/dateConcur/date  |
|  |
| FORM 23-61 (   |

## COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

| RE: CLAIM     | FOR I |    | ES DU    |
|---------------|-------|----|----------|
| Today's Date: | 4     | 40 | <u> </u> |

| Atlanta, Georgia 30335  | 13   |  | -13-01 . :37             | ÷                        |         |
|---|--|--|--------------------------|--------------------------|---------|
| Dear Municipal Clerk:   |  | ENTERED - 4-2                              | 23-01 - SB               |                          |         |
| This is to notify the City of Atlanta and/or \$                 |  |  | en burns o 6.5           | ?7p                      | roperty |
| 1. Date of incident:(menth                                      | day/ year) 2. Time   | e of Incident: 18:4                        | 3. Police calle          | d: $\frac{}{\text{Yes}}$ | No      |
| 4. Location of incident (including                              | street address):   | nomack                                     | St.                      |                          |         |
| 5. Name of your insurance compa                                 | uny: <u>Reliance</u>   | INSUITO                                    | MCPolicy No              |                          |         |
| 6. State what and how incident or                               | courred: We we   | re sitting                                 | at the                   | Sho                      |         |
| sign when   | The Driver   | of the 0                                   | dump tru                 | nck _                    |         |
| booked up   | inh me. He   | e proceed                                  | ed to bac                | ck into                  |         |
| me continuou  | isly.  |  |                          |                          |         |
| 7. ALL ESTIMATES AND DA<br>RESULT IN YOUR CLAIM                 | MAGES ARE SUBJECT T  |  |                          |                          | WILL    |
| 8. The registered owner must maproof of ownership of your veh   | ake the claim for vehicle dam<br>icle (copy of the current tag r | nages, complete the foll eccipt or title). | lowing and attach two (2 | 2) estimates of rep      | air and |
| Your vehicle: Wissau H  |  | 816LZC                                     | <u>Podrick</u>           | Kellog                   | B       |
| City veincie.   | Truck (Year)   | (Tag Number)                               | (Driver's Nai            | ne)                      | . /     |
| (Make)  | (City Driver's   | Name)                                      | (Department/             | Bureau)                  |         |
| D. Witness: MONCATIUS   | s Kendricks  | •  | (404)                    | 624-53                   | 00      |
| (Name)  | (Address)  |  | (Telephone N             | lumber)                  |         |
| 0. The acknowledgment of this State law, nor is it an admission |  |  |                          | Atlanta, as grant        | ted by  |
| 1. This claim should be mailed in                               | mmediately to the address sl                                     | hown above.                                | f                        |                          |         |

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claiman

(Print Claimant's Name)

Allonto GA 37831

(City, State and Zip Code)

(Work Number)

(Home Number)

## GENERAL RELEASE AND INDEMNIFICATION

| CLAIM NUMBER_  | 01L0252   |  | \$  | 1,881.97   |   |
|--|---|--|---|--|---|
| AND 97/100  acknowledged, I do discharge said City, it all claims, demands, a or on account of anyth | ATION of the sum of DOLLARS, to be paid hereby, for myself, mes officers and employed actions, causes of actioning that has heretoform or about the 4th d   | I by the CITY ny heirs, exec ees, including on, suits, dama e occurred, an | OF ATLANTA uters, administr but not limited iges, loss and ex d particularly fo | A, the future receipt of cators, and assigns, reto <u>Donald E. Dani</u> penses, of whatsoever or on account of <u>a</u> | of which is hereby<br>elease and forever<br>el from any and<br>kind or nature for<br>yehicular accident |
| admission on the par<br>undersigned further of<br>servants and employ                                | derstood and agreed to of the City, its office ovenants and agrees to es, from any and all employees, may be cal  | ers, agents, ser<br>o indemnify ar<br>claims, damas                        | vants or employ<br>nd hold harmles<br>ges or costs who                          | ees, of any liability verthe City of Atlanta, on the City of Atlanta, on the said City of A                              | vhatsoever and the<br>its officers, agents,<br>tlanta, its officers,                                    |
| of the sum stated abo  | te that the only consid<br>ve; that no other prom<br>s to cause me to sign t  | ise or agreeme   | ent of any kind o   | or nature has been mad   | le to or with me by   |
| instrument.  | to the ky . W   |  | CyAlin ec   | 2234   | /   |
| WITNESS my   | hand and seal this  | /  | 0 11 19   | day of May   | ,20_ <i>O/</i>  |
|  |   | 1  | oduck   | Killorg  | (LS)  |
|  | a fleath is<br>No Green in the  | Rod  | rick Kellogg<br>USULA   | Smith  | (LS)  |
|  | n de la companya de<br>La companya de la co | Pris   | cilla Lynn Su   | ith  |   |
| The above rel  | ease was read and expl  | lained to, and s   | signed by the said<br>or presence on the  | d <u>Rodrick Kellogg</u><br>ne date above written.   | and Priscilla Lynn  |
|  |   | -  | Spelies   | IR Han   |   |
|  |   |  | Delicia   | WITNESSES  |   |
|  |   |  | A STATE TO  |  |   |
|  | 3 (1 %)<br>2 (22)<br>3 (1 %)  |  |   | 01- R-(  | 0794  |
|  |   |  | Saska di  |  |   |